



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

APPLICATION FOR APPROVAL AS A SHORT-TERM RENTAL ENTITY

Please send application to:
Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108

All individuals or organizations seeking approval to issue Temporary Permits as Short-Term Rental Entities for Compact Hoisting Machinery shall submit for the Department's approval a completed application and all the requirements listed in 520 CMR 6.03(a).

Name of Organization: _____ Telephone #: _____

Location Address: _____
(Street) (City) (State) (Zip Code)

Name of Short-Term Rental Entity Applicant: _____

Mailing Address (Applicant): _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ E-mail Address: _____

*****Please submit a legible photocopy of the Short-Term Rental Entity Facilitator's**
Massachusetts Hoisting License and valid driver's license***

Name of Short-Term Rental Entity Facilitator: _____

Mailing Address (Facilitator): _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ E-mail Address: _____ SSN #: _____
(Mandatory)

Hoisting License #: _____ License Restriction(s): _____ Expires: _____

CURRICULUM AND TRAINING MATERIALS

Please submit a copy of your syllabus, curriculum, all training materials and examinations to be used in the training program. Pursuant to 520 CMR 6.03(a), the minimum topics and texts included as part of the training program curriculum shall include but may not be limited to:

1. MGL c. 146;
2. 520 CMR 6.00;
3. 520 CMR 14.00;
4. OSHA Standards 29 CFR 1926;
5. MGL c. 82, §40;
6. MGL c. 82A;
7. MGL c. 164, §76D;
8. 220 CMR 99.00 (Dig Safe).

LIST OF COMPACT HOISTING MACHINERY FOR SHORT-TERM RENTAL ENTITY

Please list the Make and Model of all the Compact Hoisting Machinery to be used in the training program.
(please attach additional documentation to this application if additional space is required)

Make	Model	Make	Model

LIST OF SHORT-TERM RENTAL ENTITY PROGRAM INSTRUCTORS

Please list all the names, Massachusetts Hoisting Machinery License numbers, and submit legible photocopies of the
Massachusetts Hoisting Licenses of the Instructors that will be part of the training program
(please attach additional documentation to this application if additional space is required)

Name	Hoisting Number	Restrictions	Expiration Date

PREREQUISITES

ALL of the following items **MUST** be submitted with this application in order for your application to be processed properly.
Failure to submit all required information will result in unnecessary delays.

- ☐ A completed application.
- ☐ Copy of the Short-Term Rental Entity Facilitator's Massachusetts Hoisting License and valid driver's license.
- ☐ Copy of your syllabus, curriculum, all training materials, and examinations to be used in the training program.
- ☐ List of all Compact Hoisting Machineries' make and model to be used in the training program.
- ☐ List of all the names, Massachusetts Hoisting Machinery License numbers, and legible photocopies of the training program Instructors' Massachusetts Hoisting Licenses.

I certify under the penalties of perjury that to my best knowledge and belief the statements herein made are true and correct; that the application is made in good faith; that I have complied with all the requirements of law; and that I meet all qualifications for approval by the Department of Public Safety under 520 CMR 6.00. I further understand that a false statement made in this application is sufficient cause of rejection or revocation of a Short-Term Rental Entity. I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant

Date

Signature of Short-Term Rental Entity Facilitator

Date